

INFORMATION ABOUT FALSE IDENTIFICATION

(Please Print)

NOTE: THE CITY ATTORNEY'S OFFICE CANNOT DISCUSS YOUR CASE WITH YOU EVEN IF YOU HAVE BEEN WRONGFULLY ACCUSED.

Please complete the entire form.

Your Name	Date of Birth	Social Security No.
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Your Street Address	City	State	Zip
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Your Home Telephone No.	Your Work Phone No.	Extension
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Seattle Municipal Court Case(s) Involving False Use of Your Name

Charges	Case or Citation No.	Violation Date	Court
_____	_____	_____	_____
_____	_____	_____	_____

Your statement concerning your lack of involvement in incident(s) [i.e., "I was not in Seattle on that date," "I have never received a citation," etc.]

Name, address and identifying information about person who gave your name, if known:

Name	Address	City	State	Zip	Tel.
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Identifying information:

How do you know this person?

Please explain why you believe this individual used your name.

If you have an attorney, your attorney's name:

Telephone No.

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Your signature	Date	Location
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